

740-X

42A740-X
(11-98)

Revenue Cabinet

AMENDED KENTUCKY INDIVIDUAL INCOME TAX RETURN FOR TAX YEARS 1995, 1996, 1997, 1998

☐ For calendar year *or*
☐ For fiscal year beginning _____, 199____, and ending _____, 199____

199__

Filing Status: Check only one block.

- | | Original | Amended | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Single |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Married, filing separately on this combined return |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Married, filing joint return |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Married, filing separate returns. Enter spouse's name and Social Security number as it appears on separate return. |

Last Name		First Name (Joint or combined return, give both names and initials.)	
Mailing Address		Number and Street or P.O. Box	
City, Town or Post Office		State	ZIP Code
Your Social Security No.	Spouse's Social Security No.	Occu- pation	Yours Spouse's
List Cabinet's validating numbers stamped on cancelled checks for payments claimed on line 12.			

INCOME AND DEDUCTIONS

	I—As Originally Reported or Adjusted	II—Net Change <i>Increase or Decrease</i> (see p. 2)	III Correct Amount
1. KENTUCKY ADJUSTED GROSS INCOME: Form 740, Form 740-S or Form 740-EZ			
Column A. Spouse			
Column B. Yourself (or Joint)			
2. ITEMIZED DEDUCTIONS/STANDARD DEDUCTION			
Column A. Spouse			
Column B. Yourself (or Joint)			
3. TAXABLE INCOME			
Column A. Spouse			
Column B. Yourself (or Joint)			

TAX LIABILITY

Enter credits from original return or page 2, line 7 ➤ A. Spouse _____ B. Yourself (or Joint) _____

4. Enter tax from Tax Table, Tax Computation or Schedule TC			
5. Low Income Credit			
6. Child and Dependent Care Credit			
<i>If amount is entered on line 6, enter number of dependent children under age 13 _____</i>			
7. Income Tax Liability. Subtract lines 5 and 6 from line 4. (If zero or less, enter -0-)			
8. Kentucky Use Tax			
9. Total Tax Liability. Add lines 7 and 8			

PAYMENTS AND CREDITS

10. Kentucky Income Tax Withheld			
11. Kentucky Estimated Tax Payments			
12. Amount paid with original return, plus additional payments made after it was filed (list checks above)			
13. Total of lines 10 through 12, Column III			

REFUND OR AMOUNT DUE

14. Overpayment, if any, shown on original return, Form 740, Form 740-S or Form 740-EZ	
15. Subtract line 14 from line 13 and enter result	
16. If line 9, Column III, is more than line 15, enter amount due	
17. Compute interest on the amount on line 16 from the due date until the date paid. Use the annual rates applicable to the periods during which the tax was not paid: 8 percent during calendar 1999; 9 percent during calendar 1998; 8 percent during calendar 1997; 9 percent during calendar 1996	
18. Add lines 16 and 17. Pay in full with this return	
19. If line 9, Column III, is less than line 15, enter refund to be received	

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of appropriate income tax regulations will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

➤ Your Signature (If a joint or combined return, both must sign.) ➤ Spouse's Signature ☎ Telephone Number (daytime) Date Signed

Typed or Printed Name of Preparer Other than Taxpayer

Social Security or Firm I.D. Number of Preparer

Date

N	F
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PART I—TAX CREDITS (Lines 1 through 7 must be completed for any increase or decrease in the number of tax credits claimed on original return.)

1. Number of tax credits claimed on original return	➤					
2. Number of tax credits claimed on this return	➤					
3. Difference	➤					
4. Additional Credits for Yourself and Spouse <i>(Check only those boxes not checked on original return.)</i>						
<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="text-align: left;"> Yourself Spouse </div> </div>	Regular <input type="checkbox"/>	If 65 or Over Check Two <input type="checkbox"/> <input type="checkbox"/>	If Blind Check Two <input type="checkbox"/> <input type="checkbox"/>	<div style="font-size: 2em; margin-right: 5px;">}</div>	Enter number of boxes checked	➤
5. Enter first names of your dependent children who lived with you, but were not claimed on original return.						➤
						Enter number
6. Other dependents not claimed on original return						➤
(a) Name	(b) Relationship	(c) Months lived in your home.	(d) Did you provide more than one-half of dependent's support?	Enter number of other dependents listed		

7. Tax credits claimed on this return by: (a) Spouse _____ ; (b) Yourself (or Joint) _____ .

PART II— EXPLANATION OF CHANGES to Income, Deductions, Tax and Credits (from page 1, Column II). Show computations in detail. Attach applicable Kentucky and/or federal schedules.

Mail to Revenue Cabinet, Frankfort, KY 40618-0006. Make check payable to Kentucky State Treasurer.